### PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

679688

	<del>-</del> ·	CLAIMS AS	FILED - (Column			mn 2)		SMALL EN	ITITY	OR	OTHER SMALL	
TOTAL CLAIMS			27					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	mir	us 20=	*	7		X\$ 9=		OR	X\$18=	126.00
	EPENDENT CL			nus 3 =	*	2		X40=		OR	X80=	160.
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		-			+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter				ero, ente	r "0" in c	column 2		TOTAL		OR	TOTAL	996,00
	С		MENDED - PART II				SMALL ENTITY OR			OTHER THAN		
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	UNIALL		. I	OMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	4.7	=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	- CLAINA	=		X40=		OR	X80=	
	FINOT PRESE	INTATION OF IM	JETIPLE DET	·	CCANIVI		<b>'</b> [	+135=		OR	+270=	
				ī			•	TOTAL	·	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. FEE	
		CLAIMS		HIGH	IEST		7 (		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE	,	RATE	TIONAL FEE
NDN	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AIM	=		X40=	:	OR	X80=	
	TINGT FRESE	INTATION OF INC	JETTPEE DET	LINDLIN	CLAIIVI		<b>'</b> [	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	100	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	╽╽	X\$ 9=		OR	X\$18≃	
	Independent	* NTATION OF M	Minus	***	T CL AILA	=	[	X40=		OR	X80=	
_	FINOI PRESE	INTATION OF M	ULTIFLE DEI	- CINDEIN	CLAIM		<b>」</b>	+135=	<u></u>	OR	+270=	
		mn 1 is less than the					L	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## This Fold is for INTERNAL PTO-USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	679688
* <del>*</del>	

### Total Fee Calculation

	Fee Cade	Total # Cluims	Number Extra	x	Fee	Fac	-	Total
	Sm./Lg.				Sm. Éntity	Lg. Entity		бо
Basic Filing Fee	201/101						•	710.
Total Claims >20	203/103	27 .20 -	<del></del> .:	X			• .	126.
Independent Claims >3	202/102	<u>इ</u> .; -	2	Х				160.
Mult. Dep Claim Present	204/104					<del></del>	3	<del></del>
Surcharge	205/105	•			<del></del>		-	130.°
English Translation	139							

#### TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due =	٤ _	1126.00	
Less Filing Fees Submitted	. ۲ -	1	
BALANCE DUE	= S _	1126.00	
James Washington			
Office of Initial Raient Exam	inatio	n	
FORM OIPE-RAM-01 (Rev. 12/97	7)		Figure 7